

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive, Suite 1800
 Costa Mesa, California 92626
 (714) 540-8700

Facsimile: (714) 540-9823

RECEIVED
 CENTRAL FAX CENTER

APR 13 2005

FACSIMILE COVER SHEET

TO: U.S. Patent & Trademark Office
 Central Facsimile

FROM: Frank L. Gire (Reg. No. 42,419)

RE: U.S. Application No. 09/836,163
 Attn: Examiner W. Lin
 Group Art Unit 2154
 Atty. Docket No. 00169.002020

FAX NO.: (703) 872-9306

DATE: April 13, 2005

NO. OF PAGES:
 (including cover page)

8

TIME: 6:15 p.m.

SENT BY: *Gire*

MESSAGE

Transmitted herewith is an Amendment and an Amendment Transmittal in response to the Office Action dated January 13, 2005.

I hereby certify that this correspondence is being facsimile transmitted to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 13, 2005

(Date of Transmission)

Frank L. Gire (Reg. No. 42,419)

(Name of Attorney for Applicant)

April 13, 2005

(Date of Signature)

**IF YOU DO NOT RECEIVE ALL THE PAGES
 PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770
 (compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

BEST AVAILABLE COPY

00169.002020.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

APR 13 2005

In re Application of:

WILLIAM SIMPSON-YOUNG, et al.

Application No.: 09/836,163

Filed: April 18, 2001

For: TRANSPARENT
TELECOMMUNICATIONS
SYSTEM AND APPARATUS

Examiner: W. Lin

Group Art Unit: 2154

April 13, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

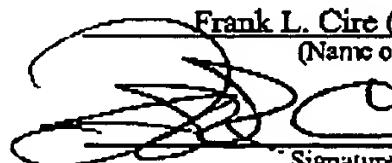
Sir:

In response to the Office Action dated January 13, 2005, please amend the above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 13, 2005

(Date of Transmission)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)

April 13, 2005
Date of Signature

In re Application of:

WILLIAM SIMPSON-YOUNG, et al.

Application No.: 09/836,163

Filed: April 18, 2001

Docket No. 00169.002020.

Examiner: W. Lin

Group Art Unit: 2154

Date: April 13, 2005

For: TRANSPARENT TELECOMMUNICATIONS SYSTEM AND APPARATUS

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 37	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 8	MINUS	*** 10	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180*/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Frank L. Cire
Registration No.: 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
Form #120

CA_MAIN 94734v1